

U.S. ARMY ACCIDENT REPORT				FOR USASC USE ONLY		Requirement Control Symbol CSOCS-308	
For use of this form, see AR 385-40, the proponent agency is OCSA							
<b>SECTION A - ACCIDENT INFORMATION</b>							
1. CHECK ONE <input type="checkbox"/> a. INITIAL <input type="checkbox"/> b. CHANGE		2. UIC (Unit Identification Code) (6-Digit Code of Unit Having Accident)		3a. UNIT NAME AND MILITARY ADDRESS		3b. BRANCH (Armor, Infantry, etc.)	
4. DATE OF ACCIDENT a. YR.    b. MO.    c. DAY		5. TIME OF ACCIDENT (Local Military Time)	6. PERIOD OF DAY (Check one) <input type="checkbox"/> a. Day <input type="checkbox"/> b. Night	7. ACCIDENT OCCURRED (Check one) <input type="checkbox"/> a. On Post <input type="checkbox"/> b. Off Post	8. IF ON POST, NAME OF INSTALLATION/FACILITY		9. ACCIDENT OCCURRED DURING (Check one) <input type="checkbox"/> a. Combat <input type="checkbox"/> b. Non-Combat
10. WERE EXPLOSIVES OR AMMUNITION INVOLVED OR PRESENT? <input type="checkbox"/> Yes (See Instruction Book) <input type="checkbox"/> No		11. EXACT LOCATION OF ACCIDENT (Detailed enough to locate site) (State type of location.)					
<b>SECTION B - PERSONNEL INFORMATION</b>							
12. NAME (Last, First, MI)			27. CLASSIFICATION AT TIME OF ACCIDENT (Check)		28. CAUSE OF INJURY/OCCUPATIONAL ILLNESS (Check the most serious)		
13. SOCIAL SECURITY NUMBER (SSN)		14. AGE	a. Active Army		a. Struck Against		h. Overexertion
15. SEX (Check) <input type="checkbox"/> a. Male <input type="checkbox"/> b. Female		16. RANK OR GRADE	b. Army Civilian		b. Struck By		i. Exposure
17. MOS OR JOB SERIES		c. Army Contractor		c. Fell from Elevation		j. External Contact	
18. ADDRESS (Use Official Address for All Military or Government Personnel) (If different than block 3, add UIC.)		d. Nonappropriated Fund (NAF)		d. Fell from Same Level		k. Ingested	
		e. Other U.S. Military		e. Caught In/ Under/ Between		l. Inhaled	
		f. ROTC		f. Rubbed/abraded			
		g. Dependent		g. Bodily Reaction			
		h. NGB Tech		29. BODY PART(S) AFFECTED (Check primary) (No more than 3)			
		i. NGB IDT					
19. DUTY STATUS AT TIME OF ACCIDENT (Check one) <input type="checkbox"/> a. On Duty <input type="checkbox"/> b. Off Duty		20. FLIGHT STATUS (Check one) <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No		j. NGB AT		a. Body (General)	
21. CONTINUOUS DUTY (hrs.) (Without sleep)		22. HRS. SLEEP IN LAST 24		k. NGB ADSW		p. Fingers	
23. DAYS LOST (Est. no. of days lost from work; not counting day of injury. Bed rest/on		24. DAYS HOSPITALIZED (Est. no. of days hospitalized receiving treatment; not for		l. NGB AGR		b. Head	
				m. NGB ADT		c. Forehead	
				n. USAR IDT		d. Eyes	
				o. USAR AT		e. Nose	
				p. UAR ADT		f. Jaw	
				q. USAR FTM		g. Neck	
				r. Foreign Nat. Direct Hire		h. Trunk	
				s. Foreign Nat. Indirect Hire		i. Chest	
				t. Foreign Nat. KATUSA		j. Heart	
				u. Foreign Mil. Attached to the U.S. Army		k. Back	
				v. Public		l. Shoulder	
				w. Not reported		m. Arm	
						n. Wrist	
						o. Head	
<b>30. TYPE OF INJURY/ILLNESS (Check the most serious)</b>							
25. DAYS OF RESTRICTED WORK ACTIVITY (Est. no. of days person cannot perform regular duties; light duty/profile.)		26. SEVERITY OF ILLNESS/INJURY (Check one)		a. Burns (Chemical)		h. Abrasions	
		a. Fatal		b. Burns (Thermal)		i. Concussion	
		b. Permanent Total Disability. Person can never again do gainful work.		c. Amputation		j. Sprain/Strain	
		c. Permanent Partial Disability. Person loses or can never again use a body part		d. Decompression Sickness		k. Cuts/Lacerations	
		d. Days Away from Work. Person misses one or more workdays; bed rest/on quarters.		e. Asphyxiation (Suffocation)		l. Contusion	
		e. Restricted Work Activity. Person is temporarily unable to perform regular duties; light duty/profile.		f. Fractures		m. Puncture Wound	
		f. First Aid Only. Person has one-time treatment of minor injury. (No lost work days.)		g. Dislocation		n. Hernia, Rupture	
		g. No Injury.				o. Frostbite	
						p. Heat Stroke	
						q. Heat Exhaustion	
						r. Noise Injury/Illness	

## SECTION B - PERSONNEL INFORMATION *(Continued)*

### 31. Person's action(s) at time of accident *(Check one and explain in Block 32.)*

a. Soldiering	j. Test/Study/Experiments	s. Fabricating	aa. Hobbies
b. Combat Soldiering	k. Educational	t. Handling Material/Passengers	bb. Passenger
c. Physical Training	l. Information and Arts	u. Janitorial/ Housekeeping/ Grounds Keeping	cc. Human movement
d. Weapons Firing	m. Food and Drug Inspection		dd. Horseplay
e. Engineering or Construction	n. Laundry/Dry Cleaning Services	v. Food/Drink Preparations	ee. Bystanding/spectating
f. Communications	o. Pest/Plant Control	w. Supervisory	ff. Personal Hygiene/Food/Drink Consumption/Sleeping
g. Security/Law Enforcement	p. Operating Vehicle or Vessel	x. Office	
h. Fire Fighting	q. Handling Animal	y. Counseling/Advisory	gg. Parachuting <i>(See Instructions)</i>
i. Patient Care <i>(People/Animals)</i>	r. Maintenance/Repair/Serviceing	z. Sports	

### 32. SPECIFIC DESCRIPTION OF ACTIVITY/TASK

<b>33. ON FIELD EXERCISE <i>(Check one)</i></b>  <input type="checkbox"/> a. Yes <i>(If YES, specify name of exercise.)</i> <input type="checkbox"/> b. No	<b>34. ACTIVITY PART OF TACTICAL TRAINING? <i>(Check one)</i></b>  <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No	<b>35. Type of training facility being used <i>(Check one)</i></b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">a. Garrison</td> <td style="width: 33%;">d. NTC</td> <td style="width: 34%;">g. Std. range facility/live fire</td> </tr> <tr> <td>b. Local training area</td> <td>e. JRTC</td> <td rowspan="2">h. Other <i>(Specify)</i></td> </tr> <tr> <td>c. Major training area</td> <td>f. CMTC</td> </tr> </table>	a. Garrison	d. NTC	g. Std. range facility/live fire	b. Local training area	e. JRTC	h. Other <i>(Specify)</i>	c. Major training area	f. CMTC
a. Garrison	d. NTC	g. Std. range facility/live fire								
b. Local training area	e. JRTC	h. Other <i>(Specify)</i>								
c. Major training area	f. CMTC									

<b>36. Type of training participating in at the time of accident <i>(Check/specify)</i></b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">a. School <i>(Specify)</i></td> <td style="width: 33%;">b. UNIT <math>\longrightarrow</math> (1) Platoon (2) Crew (3) Individual</td> <td style="width: 34%;">c. On-the-job training</td> </tr> <tr> <td colspan="3">d. Other <i>(Specify)</i></td> </tr> </table>	a. School <i>(Specify)</i>	b. UNIT $\longrightarrow$ (1) Platoon (2) Crew (3) Individual	c. On-the-job training	d. Other <i>(Specify)</i>			<b>37. Last time individual received training prior to accident on activity specified in block 31? <i>(Check one)</i></b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. 0 - 3 months</td> <td style="width: 50%;">e. 1 - 2 years</td> </tr> <tr> <td>b. 3 - 6 months</td> <td>f. More than 2 years</td> </tr> <tr> <td>c. 6 - 9 months</td> <td>g. Never</td> </tr> <tr> <td>d. 9 - 12 months</td> <td>h. Not applicable</td> </tr> </table>	a. 0 - 3 months	e. 1 - 2 years	b. 3 - 6 months	f. More than 2 years	c. 6 - 9 months	g. Never	d. 9 - 12 months	h. Not applicable
a. School <i>(Specify)</i>	b. UNIT $\longrightarrow$ (1) Platoon (2) Crew (3) Individual	c. On-the-job training													
d. Other <i>(Specify)</i>															
a. 0 - 3 months	e. 1 - 2 years														
b. 3 - 6 months	f. More than 2 years														
c. 6 - 9 months	g. Never														
d. 9 - 12 months	h. Not applicable														

<b>38. Required protective equipment</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">CHECK APPROPRIATE BLOCK(S)</th> <th colspan="2">AVAILABLE?</th> <th colspan="2">USED?</th> <th rowspan="2">N/A</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a. Seat belt</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>b. Helmet</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>c. Goggles/glasses</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>d. Gloves</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>e. Ear plugs</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>f. Other <i>(Specify)</i></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	CHECK APPROPRIATE BLOCK(S)	AVAILABLE?		USED?		N/A	YES	NO	YES	NO	a. Seat belt						b. Helmet						c. Goggles/glasses						d. Gloves						e. Ear plugs						f. Other <i>(Specify)</i>						<b>39. INDIVIDUAL LICENSED TO OPERATE VEHICLE/EQUIPMENT? <i>(Check one)</i></b> <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. N/A  <b>40. DID ALCOHOL CAUSE/CONTRIBUTE TO THIS ACCIDENT? <i>(Check one)</i></b> <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <input type="checkbox"/> c. Unknown  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>41. If drugs caused/contributed to this accident, check appropriate block.</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. Prescription</td></tr> <tr><td>b. Illegal</td></tr> <tr><td>c. Over-the-counter</td></tr> <tr><td>d. None</td></tr> </table> </td> <td style="width: 50%; vertical-align: top;"> <b>42. Were vision enhancement devices being used? <i>(Check appropriate block.)</i></b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Yes <i>(Specify type/model in c and d.)</i></td> <td style="width: 50%;">b. No</td> </tr> <tr> <td>c. TYPE</td> <td>d. MODEL</td> </tr> </table> </td> </tr> </table>	<b>41. If drugs caused/contributed to this accident, check appropriate block.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. Prescription</td></tr> <tr><td>b. Illegal</td></tr> <tr><td>c. Over-the-counter</td></tr> <tr><td>d. None</td></tr> </table>	a. Prescription	b. Illegal	c. Over-the-counter	d. None	<b>42. Were vision enhancement devices being used? <i>(Check appropriate block.)</i></b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Yes <i>(Specify type/model in c and d.)</i></td> <td style="width: 50%;">b. No</td> </tr> <tr> <td>c. TYPE</td> <td>d. MODEL</td> </tr> </table>	a. Yes <i>(Specify type/model in c and d.)</i>	b. No	c. TYPE	d. MODEL
CHECK APPROPRIATE BLOCK(S)		AVAILABLE?		USED?			N/A																																																		
	YES	NO	YES	NO																																																					
a. Seat belt																																																									
b. Helmet																																																									
c. Goggles/glasses																																																									
d. Gloves																																																									
e. Ear plugs																																																									
f. Other <i>(Specify)</i>																																																									
<b>41. If drugs caused/contributed to this accident, check appropriate block.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. Prescription</td></tr> <tr><td>b. Illegal</td></tr> <tr><td>c. Over-the-counter</td></tr> <tr><td>d. None</td></tr> </table>	a. Prescription	b. Illegal	c. Over-the-counter	d. None	<b>42. Were vision enhancement devices being used? <i>(Check appropriate block.)</i></b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Yes <i>(Specify type/model in c and d.)</i></td> <td style="width: 50%;">b. No</td> </tr> <tr> <td>c. TYPE</td> <td>d. MODEL</td> </tr> </table>	a. Yes <i>(Specify type/model in c and d.)</i>	b. No	c. TYPE	d. MODEL																																																
a. Prescription																																																									
b. Illegal																																																									
c. Over-the-counter																																																									
d. None																																																									
a. Yes <i>(Specify type/model in c and d.)</i>	b. No																																																								
c. TYPE	d. MODEL																																																								

<b>43. Standard/Reference covering activity/task</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. Soldier's Manual <i>(Task No.)</i></td></tr> <tr><td>b. CTT <i>(Task No.)</i></td></tr> <tr><td>c. AR/TM/FM <i>(Specify)</i></td></tr> <tr><td>d. SOP</td></tr> <tr><td>e. None <i>(Go to block 45.)</i></td></tr> </table>	a. Soldier's Manual <i>(Task No.)</i>	b. CTT <i>(Task No.)</i>	c. AR/TM/FM <i>(Specify)</i>	d. SOP	e. None <i>(Go to block 45.)</i>	<b>44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? <i>(Check one)</i></b> <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No <i>(If NO, complete blocks 46-47.)</i>  <b>45. DID INDIVIDUAL MAKE A MISTAKE? <i>(Check one)</i></b> <input type="checkbox"/> a. Yes <i>(If YES, complete blocks 46-47.)</i> <input type="checkbox"/> b. No
a. Soldier's Manual <i>(Task No.)</i>						
b. CTT <i>(Task No.)</i>						
c. AR/TM/FM <i>(Specify)</i>						
d. SOP						
e. None <i>(Go to block 45.)</i>						

### 46. What was the mistake? How was the activity/task performed incorrectly? *(Explain below.)*

### 47. Why was mistake made/activity performed incorrectly? *(Check the most important reason and specify in Block 63.)*

a. Inadequate school training <i>(content/amount)</i>	f. In a hurry	k. Inadequate services
b. Inadequate unit training <i>(content/amount)</i>	g. Poor/bad attitude	l. Improper equipment design
c. Inadequate on-the-job training <i>(content/amount)</i>	h. Lack of rest/sleep	m. Inadequate written procedures <i>(AR, TM, SOP)</i>
d. Fear/excitement	i. Effects of alcohol/drugs	n. Improper supervision
e. Overconfident in own/others abilities	j. Inadequate facilities	o. Other <i>(Specify in narrative)</i>

SECTION B - PERSONNEL INFORMATION <i>(Continued)</i>									
48. Time licensed on this vehicle <i>(Check one)</i>			49. Total AMV driving mileage <i>(Check one)</i>			50. Total time in unit <i>(Check one)</i>			
a. Less than one year			a. Less than 1,000 miles			a. Less than 6 months			
b. One to two years			b. 1,000 - 5,000 miles			b. 6 months - 1 year			
c. Over two years			c. 5,000 - 10,000 miles			c. Over one year			
d. Unlicensed			d. Over 10,000 miles						
51. WHICH ITEM FROM SECTION C APPLIES TO THE INDIVIDUAL NAMED IN BLOCK 12? <i>(This is needed in order to relate the person in block 12 to the equipment/vehicle below.)</i>									
<input type="checkbox"/> Item A <input type="checkbox"/> Item B <input type="checkbox"/> Item C <input type="checkbox"/> Other <i>(Specify)</i>									
SECTION C - PROPERTY/MATERIAL INVOLVED <i>(Whether Damaged or Not)</i>									
		ITEM A		ITEM B		ITEM C			
52. Type of item									
53. Model number									
54. Ownership <i>(DOD, DA, POV, Unit Person)</i>									
55. Dollar cost of damage.									
56. Rollover protection system installed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
57. Was this item being towed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
58. If towed, enter letter for item doing towing.									
59. Types of collision codes <i>(Pick up to three from list below and enter in blocks.) (In sequence)</i>									
<b>Types of Collisions</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           1- Going forward and collided with moving vehicle            2- Going forward and collided with parked vehicle            3- Collision while backing            4- Collision with pedestrian            5- Collision with object (other than vehicle/pedestrian)            6- Overturned         </div> <div style="width: 48%;">           7- Ran off the road            8- Jackknifed            9- Going forward and rear-ended moving vehicle            10- Going forward and rear-ended parked vehicle            11- Collision while turning            12- Other <i>(Specify)</i> </div> </div>									
60. Component/Part that Failed/Malfunctioned <i>(Complete this section if a materiel failure/malfunction caused/contributed to the accident.)</i>									
		ITEM A		ITEM B		ITEM C			
a. National Stock Number									
b. Part Number									
c. Describe Part									
d. Manufacturer's Identification Code									
e. EIR/QDR Number									
61. How/Why Part Malfunctioned <i>(Select code from "How" list below and enter in first block; select code from "Why" list and enter in second block.)</i>		HOW	WHY	HOW	WHY	HOW	WHY	HOW	WHY
<b>How Part Failed/Malfunctioned Codes</b> 1- Overheated/burned/melted 2- Froze <i>(temperature)</i> 3- Obstructed/pinched/clogged 4- Vibrated 5- Rubbed/worn/frayed 6- Corroded/rusted/pitted 7- Overpressured/burst 8- Pulled/stretched 9- Twisted/torqued 10- Compressed/hit/punctured 11- Bent/warped 12- Sheared/cut 13- Decayed/decomposed 14- Electric current action 15- Unknown/Other Blank- Not Reported					<b>Why Part Failed/Malfunctioned Codes</b> 1- Improper equipment design 2- Inadequate maintenance 3- Inadequate manufacture of equipment 4- Inadequate written procedures <i>(AR, TM, SOP)</i> 5- Improper supervision 6- Unknown 7- Other <i>(Specify in narrative)</i>				